

income and minority racial and ethnic groups generally experience more disease and have less access to treatment. Children from low-income households are twice as likely to have cavities, compared with children from higher income households. According to the Centers for Disease Control and Prevention, CDC, for children aged 2 to 5 years, about 33 percent of Mexican-American and 28 percent of non-Hispanic Black children have had cavities in their primary teeth, compared with 18 percent of non-Hispanic White children. For children aged 12 to 19, nearly 70 percent of Mexican-American children have had cavities in their permanent teeth, compared with 54 percent of non-Hispanic White children.

Tooth and gum pain can impede a child's healthy development, including the ability to learn, play, and eat nutritious foods. Children who have poor oral health often miss more school and get lower grades than children who have good oral health.

Untreated cavities can cause pain, infections, and can lead to problems eating, speaking, and learning. In some cases, they can even be fatal. In 2007, Deamonte Driver, a 12-year-old Prince George's County resident, tragically died. Deamonte's death was particularly heartbreaking because it was entirely preventable. What started out as a toothache turned into a severe brain infection that could have been prevented by an \$80 extraction. After multiple surgeries and a lengthy hospital stay, sadly, Deamonte passed away 16 years ago this month.

Since the tragic death of Deamonte, we have made significant progress in improving access to pediatric dental care in our country, particularly in my home State of Maryland. For example, in 2009, Congress reauthorized the Children's Health Insurance Program, CHIP, with an important addition: a guaranteed pediatric dental benefit. Research shows that CHIP generally offers more comprehensive benefits at a much lower cost to families than private coverage.

Additionally, the Affordable Care Act, ACA, has significantly improved the affordability of and access to healthcare, including dental care, for millions of Americans. The ACA required most insurers to cover essential health benefits, EHB. I was particularly pleased that pediatric services, specifically pediatric dental care, were identified as part of the 10 categories of healthcare services included in the EHB package. As a result, pediatric dental insurance coverage is available for purchase on all State-based insurance marketplaces, like in Maryland, and the Federal marketplace. The dental coverage offered through ACA plans in all States covers a minimum set of benefits to ensure children have coverage for essential dental services.

Expansion of dental insurance coverage has enabled early intervention for more children from low-income households. Today, 9 in 10 children in

the United States have dental insurance. Dental care is also a mandatory benefit in Medicaid for children since it is provided through the Early and Periodic Screening, Diagnosis, and Treatment Program. Still, research has found that although State Medicaid Programs cover children's dental services, fewer than half of all publicly insured children get recommended care.

Therefore, there is more work to be done to ensure that once children have access, they actually get the care they need. This week, I was proud to join Senators LUJÁN and COLLINS in introducing the Oral Health Literacy and Awareness Act. The legislation would create an oral health literacy campaign, leveraging existing healthcare programs, to ensure that children start off strong and develop important oral health habits for the rest of their lives.

Additionally, in January, I was pleased to introduce, along with Senator STABENOW and Congresswoman BARRAGÁN S. 109, the Ensuring Kids Have Access to Medically Necessary Dental Care Act. Our legislation would eliminate lifetime and annual limits for dental care for children under CHIP. The bill would also require States to provide "wraparound" CHIP dental coverage, meaning CHIP would cover dental services for eligible children who are not enrolled in CHIP. Currently, if a child is eligible for CHIP but instead has coverage under a group health plan or employer-sponsored insurance, States have the option of providing dental-only coverage to this child through CHIP. This bill requires that dental coverage be offered.

In addition to dental insurance coverage for children, improving oral health care for the parents and communities can improve children's oral health outcomes. For example, a recent study found that Medicaid adult dental coverage was associated with a reduction in the prevalence of untreated tooth decay among children after parents had access to coverage for at least 1 year. The study found that all children saw improvements in oral health, and non-Hispanic Black children experienced larger and more persistent improvements than non-Hispanic White children. A Medicaid dental benefit for adults would enhance the progress for children and provide much needed dental care and improve oral health outcomes for adults.

That is why I am proud to champion legislation, the Medicaid Dental Benefit Act, which would extend comprehensive dental health benefits to tens of millions of low-income Americans on Medicaid. The legislation would also provide States with a 100-percent Federal match for the dental benefit for 3 years. This investment of Federal funds would support States to set up or improve their dental benefit and includes funding for culturally competent and linguistically appropriate provider education in addition to outreach efforts to better connect enrollees to oral health care. I was par-

ticularly pleased that, last year, Maryland extended access to dental care for adult Medicaid beneficiaries, providing access to over 740,000 Marylanders.

Oral health is an integral part of overall health. It should not be a luxury or reserved for the most privileged. Access to affordable dental care is essential to preventing tragedies like the death of Deamonte Driver from ever happening again. So, as we celebrate, we must also recommit to expanding access to afford care to all children. I urge my colleagues to join me in this effort. Let us continue to building upon the progress made to date in advancing the access of oral health to protect individuals around the country.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. CARDIN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. CARDIN. Mr. President, I ask unanimous consent that all postclosure time on the Kahn nomination be considered expired and the vote on confirmation of the nomination be at a time determined by the majority leader in consultation with the Republican leader.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### EXECUTIVE CALENDAR

Mr. CARDIN. Mr. President, I ask unanimous consent that the Senate consider the following nomination: Calendar No. 44, Jill E. Steinberg to be U.S. attorney for the Southern District of Georgia; that the Senate vote on the nomination without intervening action or debate; and that the motion to reconsider be considered made and laid upon the table and the President be immediately notified of the Senate's action.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. CARDIN. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Jill E. Steinberg, of Georgia, to be United States Attorney for the Southern District of Georgia for the term of four years.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Steinberg nomination?

The nomination was confirmed.

#### LEGISLATIVE SESSION

#### MORNING BUSINESS

Mr. CARDIN. Mr. President, I ask unanimous consent that the Senate proceed to legislative session and be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.